

Policy in child labour

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The importance of health

The International Labour Organisation (ILO) defines child labour as “all economic activities carried out by persons less than 15, regardless of their occupational status, except household work in parents/carers homes”.¹ By this definition over 200 million children, or a massive 20% of all children under the age of 15, are engaged in child labour. They are mostly concentrated in the poorest regions of the world: in Sub-Saharan Africa 29% of all children work, in Asia-Pacific 19%, and in Latin America and the Caribbean 16%.¹ Children work across a range of employment sectors, including agriculture (which accounts for 70%), manufacturing, street trading, domestic work, and mining.² Many children work because the benefits of working are perceived as greater than those of attending school. These benefits may include economic return, the opportunity to learn a skill, a sense of independence, and higher self-esteem.³ The family may also be unable to afford either the actual costs or the opportunity costs of education.⁴ This may be one of the most crucial dilemmas of poverty. Work and school are not mutually exclusive; table 2 shows that around half of all working children combine the two. Indeed, many children work precisely in order to be able to afford schooling.

Child work is a highly contentious issue. Debate has raged between abolitionists, who believe that a childhood of education and leisure is a basic human right, and those who believe that work is an intrinsic part of childhood and essential to survival in many poorer parts of the world.⁵ Economists are also divided between those who argue that child labour is a rational and necessary household response to an adverse economic environment, and those who see child labour as a barrier to poverty reduction.⁶ The latter argument asserts that educating the millions of children who are currently working would lead to a huge aggregate of developmental benefits, through improved educational attainment and health, and ultimately increased productivity and earning capacity. Calculations based on this assumption put the economic gain at a

staggering US\$5 trillion over the next two decades.⁶

In this paper we show how these debates have influenced the development of new pragmatic policy, which aims to identify types of work which are harmful to children’s health and well-being, so they can be targeted for early intervention. We go on to argue that the dearth of high quality evidence on the effects of work on children means that research is urgently needed to identify those sectors and environments, which place children at most physical and psychological risk.

POLICY IN CHILD LABOUR

Until the mid-1990s policy in child labour was dominated by abolitionist approaches influenced by the International Labour Organisation’s Minimum Age Convention (Convention 138), which stated that the minimum age for work should not be less than 15 years or age of completion of compulsory schooling. Compliance with Convention 138 led to the removal of children from working situations in many countries. This caused immediate economic hardship in many cases, and there are well documented cases of children excluded from one occupation being drawn into more harmful activities.⁵ The Convention also detracted from efforts to ameliorate the working conditions of children. More fundamentally, it was criticised for promoting a western view of childhood, dominated by education and play, and for ignoring evidence that many families are dependent on children’s earnings, and that schools may be inaccessible, unaffordable, or of poor educational quality.³ This led to calls for policy which prioritised children’s overall health and wellbeing.

The UN Convention on the Rights of the Child (UNCRC) was the first international convention to incorporate this principle. This recognised the right of the child to be protected from work that is likely to be “harmful to the child’s health or physical, mental, spiritual, moral or social development”. There followed in 1999, the ILO Convention on the Worst Forms of Child Labour. This explicitly acknowledged that

certain forms of child labour should be prioritised for intervention. These “worst forms” are divided into two categories: the “unconditional” and the “hazardous”. The unconditional include all forms of debt bondage, trafficking, the use of children in prostitution, pornography, and illicit activities, and forced recruitment into the armed forces. The ILO has estimated that 8.4 million children are engaged in these activities¹ (table 3). The harm caused to children involved in these unconditional worst forms of child labour is obvious and steps clearly need to be taken to eliminate them as a matter of urgency. The hazardous are defined more loosely, as work which “is likely to harm the health, safety or morals of children”. The emphasis is on protecting children from harmful work, rather than excluding children from work per se on grounds of their age, relative vulnerability, or immaturity.

THE RESEARCH EVIDENCE

But there is a big gap between the rhetoric of the international conventions and reality. One of the problems is that use of the word “harm” presents a considerable challenge for policy makers, because evidence for which kinds of work are harmful to children is limited. The majority of systematic studies on the impacts of child work have been carried out in affluent societies, where work is a marginal activity for most children and serves a very different function to that experienced by children in the developing world.^{7–9} Paradoxically work situations which are hazardous and affect millions of the world’s children are least likely to have been researched. Many reports have highlighted the *potential* health hazards of specific occupations and extrapolations have been made from adult studies.^{10–15} But there is often no clear distinction made between hazard, risk, and harm. The presence of a hazard does not necessarily mean a child is at risk of the hazard or will be harmed by it.

There are many case studies and reports, most carried out by NGOs, documenting extreme examples of exploitative and hazardous labour, not only in the unconditional worst forms noted above, but also in occupations such as mining and scavenging. But these account for a very small proportion of all working children. There is also information, largely drawn from sources such as the Demographic and Health Surveys (DHS) and from rapid assessments carried out by the ILO in some 50 countries. But where health information is included, it is generally limited, and relies on self-report,

Table 1 Economically active children in 26 countries, by industry and gender (averages)

Industry	Both sexes (%)	Boys (%)	Girls (%)
Agriculture, hunting, forestry, and fishing	70	69	72
Manufacturing	8.3	9.4	7.9
Wholesale and retail trade, restaurants, and hotels	8.3	10.4	5.0
Services	6.5	4.7	8.9
Transport, storage, and communication	3.8	3.8	–
Construction	2.0	2.0	1.9
Mining and quarrying	0.9	1.0	0.9

Source: Ashagrie.²

making it difficult to interpret meaningfully. Analysis of DHS data by the ILO/UNICEF/World Bank “Understanding Children’s Work” (UCW) project has concluded that the health of working children may be no worse than that of their non-working counterparts.¹⁶ Failure to find a difference between the health of working and non-working children in rural Vietnam, using data from the Vietnam Living Standards Survey, was attributed by the authors to a “healthy worker” effect.¹⁷ Another study from UCW concluded that it was the number of hours of work that most influenced health and safety outcomes, although the number of hours needed to attain equivalent levels of risk differed across sectors.¹⁸

Our own survey of the peer reviewed literature found only 13 studies which compared the health of working and non-working children in developing countries. Most were small, involved selection or information bias, and/or failed to control for confounders. The methodologically stronger studies came to mixed conclusions. One study comparing growth in working boys and school attending boys in Jordan found that work had a negative effect on both height and weight.¹⁹ Another in female domestic servants in Senegal showed they had better nutritional status than non-working girls.²⁰ A study from the Lebanon of boys working in industrial workshops found a higher number of injuries than in non-working children, and associations between children’s exposure to organic solvents and memory deficits, longer reaction times, and irritability.^{21–22}

There is even less evidence for the effects of child work on psychosocial wellbeing. This is very important, since children may be especially vulnerable to exploitation and abuse.⁵ Indicative evidence is available from small, qualitative studies.^{23–24} It has been noted by a number of commentators that larger systematic studies are especially needed in this area.^{11–14}

The paucity of high quality studies may be indicative of the practical and methodological difficulties of research in child labour.²⁵ Depending on local regulations and cultural attitudes, many of the worst forms are illegal and hidden, biasing researchers towards children in the more accessible and salubrious settings. Appropriate control groups may be difficult to identify because child workers are usually in the lowest socioeconomic groups and suitable matching may be difficult to achieve. Bias may be introduced by the “healthy worker” effect, whereby children may be selected to work, because they are healthier than their peers, or may withdraw from the workplace if ill or injured. The inverse effect may also apply, whereby the healthiest children with greatest potential may be sent to school.

A recent ILO report has emphasised the urgent need for research into the consequences of child work “so that resources can be directed to the children in most pressing need of intervention”.⁶ The first step in this process is the development and validation of tools to accurately measure health and psychosocial effects across different work sectors and in different countries.

Table 2 Global estimates of the activity status of children in 2000

Activity status %	5–9 years	10–14 years	15–17 years
Percentage at work	12	23	43
Work only	5	13	31
Work and school	7	10	11
School only	68	67	44
Neither school nor work*	20	10	14

Source: ILO.¹

*Children neither at school nor work include those too young to attend school, ill or disabled children, and children engaged in domestic chores or child care, which do not count as child labour.

Table 3 Estimated number of children in unconditional worst forms of child labour

Unconditional worst forms of child labour	Global estimates (millions)
Trafficked children	1.2
Children in forced and bonded labour	5.7
Children in armed conflict	0.3
Children in prostitution and pornography	1.9
Children in illicit activities	0.6
Total	8.4

Source: ILO.¹

Although theoretical frameworks exist for tool development in this area, none of these have gone as far as field testing.²⁶

INTERVENTIONS AND THE MILLENNIUM DEVELOPMENT GOALS

Possible interventions to address child labour are summarised in table 4. While sustainability is largely dependent on poverty alleviation, some specific targeted programmes have demonstrated some success. The most effective have been conditional cash transfer programmes which provide remuneration for families if children attend school a certain percentage, usually around 80%, of the time. Such programmes have increased school attendance and reduced child labour by varying amounts in Mexico²⁷ and Brazil.²⁸ But these programmes are not cheap. In Mexico the “Progreso” programme reached around 2.6 million poor families by 2001 at a cost of US\$1 per child per day, equivalent to 0.2% of Mexico’s GDP,²⁷ and beyond the financial means of the poorest countries where most child workers are concentrated.

The need to address child labour has been highlighted by the millennium development goals. The persistence of child labour is a barrier to the achievement of universal primary education.^{4–29} Indeed, the absence of a specific millennium development goal of reduction in child labour is seen by many activists as a missed opportunity. But the target of increasing school attendance is providing momentum. Since the elimination of all child labour is not feasible (or maybe even desirable) in most poor countries in the foreseeable future, the first step for policy makers is to identify those forms of work which are harmful to children’s health and wellbeing, so that limited resources can be used on the most effective interventions. In particular, the anecdotal evidence of harm on less obviously hazardous types of work (such as agriculture and

Table 4 Examples of policy approaches to address child labour and school attendance

Improving incentives for children to go to school	Removing constraints stopping children from going to school	Using legislation to encourage schooling and discourage labour
Make school attendance more accessible (more schools, flexible scheduling) Reduce or eliminate school fees Eliminate discrimination against girls in school Improve education quality (teaching, materials) Improve basic services (e.g. access to clean water)	Poverty reduction strategies Social safety nets Conditional cash or food transfers (linked to participation in education) Improve financial instruments that allow access to credit Better labour market functioning	Introduce and enforce child labour laws Introduce and enforce compulsory education laws
Provide protection and rehabilitation services for working children Remove children from hazardous and worse forms of child labour Enforce health and safety and other employment standards Provide access to education and health services Offer vocational training and other rehabilitation services		

Source: Betchermann *et al.*²⁹

manufacturing) needs to be rigorously investigated. Well designed cross-sectional studies comparing children working in different sectors, with children who combine work and school, and with children who only attend school, are needed to determine whether work is harmful to the health and psychosocial wellbeing of children. Most important of all, longitudinal studies are needed to establish long term health and psychosocial outcomes. High quality research in partnership with universities, governments, and NGOs in developing countries is essential to this process.

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